

# 2011

## 8<sup>th</sup> Annual St. Xavier Golf Team Incoming Freshmen Golf Camp

The St. X Golf Camp aims to provide basic and more advanced instruction in all facets of the game including video swing analysis. Additionally the camper will learn more about the expectations and requirements for making the St. X golf team. We have also found that camp is a great place to start the process of making St. X friendships that can last a lifetime. The camp will be staffed by Head Coach Alex Kepley, award winning retired PGA Club Pro and Certified Teaching Professional Randy Neufarth, Certified Golf Teacher Michele Kallick, and additional help from other Assistant Coaches and Current Team Members. Very *Limited spots available*.

### Camp Schedule

Camp will be held on 3 consecutive weekday mornings from 830am-Noon. Our expectation is that camp will likely be held Tuesday, Wednesday, and Thursday starting June 7th. (\*\*\*\*Note, camp start date is dependent on the campers being out of school, so the alternate start date would be Tuesday June 14th.)

### Location for Camp

This will vary by day, but expect one day at the Fairfield Golf Center on Route 4 just before Bypass 4, one day the Tri-County Golden T Golf Ranch off of Tri-County Parkway, and one day at St. Xavier. Subject to change.

### Areas Expected to be Covered

Swing and video analysis, golf fundamentals teaching and review, golf course management, analyzing greens, putting, short game chipping, bunker play, par 3 challenge, various fun contests, St. X Style Conditioning and Physical Fitness for golfers, and Understanding the Rules of Golf are all subjects scheduled to be covered.

### Cost \$120

The total cost has been reduced dramatically from \$200 in 2009, \$175 in 2010, to just \$120 for 2011. This price includes all greens fees, range balls, a cd of your swing with voiceover instruction from our pro, a St. X Golf Camp T-Shirt, and lunch/prizes on the final day.

### Registration - Two options to register!

*Option 1:* Go to [www.stxsportscamps.com](http://www.stxsportscamps.com) and register online. Please print out and bring with you the parental release & medical authorization form below to the Class of 2014 Parents and Sons evening meetings.

*Option 2:* Or send a check for \$25 (non-refundable deposit) and the fill out the information on the back of this sheet. Please make checks payable to St. Xavier High School (memo: Golf Camp). Balance of the camp fee is due on the first day of the camp. Mail your registration to: Coach Alex Kepley @ St. Xavier High School, 600 North Bend Rd., Cincinnati, OH 45224.

### Questions?

Email Alex Kepley at [akepley@cbtcompany.com](mailto:akepley@cbtcompany.com) or call him at 513-260-5977

2011 St. X Freshman Golf Camp Registration Form

Athlete's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent Numbers: H \_\_\_\_\_ Mobile \_\_\_\_\_ Other \_\_\_\_\_ T-Shirt Size: S M L XL

Parent/Guardian Email \_\_\_\_\_

Alternate Emergency Contact Name/Numbers/Cell Numbers \_\_\_\_\_

Athletes: Would you describe yourself as (*please circle all that apply*)  
a beginner?  
as someone who has fun with the game?  
as someone who likes to compete in tournaments?

**RELEASE AND MEDICAL CARE AUTHORIZATION**

I am the parent/legal guardian of \_\_\_\_\_, who is a participant in a sports camp  
(Child's Name)

(the "Camp") sponsored by St. Xavier High School. I understand that at times my child may be participating in sporting events and other activities incident to the operation of the camp under the supervision of volunteers or paid staff members of St. Xavier High School. I authorize my child's participation in the Camp and in the sporting events and other activities incident thereto. If the volunteer(s) or paid staff members(s) of St. Xavier High School supervising my child determine that my child needs medical attention, and if the volunteer(s) and/or staff members(s) cannot contact me at the telephone numbers listed above, then I authorize those volunteer(s) and/or staff members(s) to consent to (1) the administration of any treatment deemed necessary by my child's physician and/or dentist, identified below or, if the relevant designated practitioner is not available, by another licensed physician and/or dentist, (2) the admission of my child to the hospital identified below or, if that facility is not accessible, any other hospital reasonably accessible. This medical authorization does not include any authorization to perform surgery other than that required in emergency circumstances unless the medical opinions of two other licensed physicians concurring in the necessity for surgery are obtained prior to the performance of surgery. To the extent necessary for my child's protection, I have provided St. Xavier High School with my child's medical history, including any allergies, medications and impairments to which a physician should be alerted. In consideration of my child being permitted to participate in the St. Xavier High School Camp, I do hereby fully release and hold harmless St. Xavier High School, its trustees, officers, agents, employees, and volunteers from any and all actions, claims and demands of whatsoever kind on account of any and all injuries, losses or damages, including consequential damages, which my child or family members may sustain in connection with or during my child's participation in the St. Xavier High School Camp. I further state that I have carefully read this Release and know the contents thereof, and I am signing this Release as my own free act.

Medical information:

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Please identify any relevant medical history (e.g., allergies, medications or impairments) to which a physician treating your child should be alerted.

\_\_\_\_\_

Signed: Mother/Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Father/Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_